

ASSISTED LIVING FACILITY
Entrance Conference

Facility: _____ Date: _____

1	Request: Resident Roster & Location of the license:
2	Resident and Employee Records
3	Infection Control Policy and Documentation – Resident and Employee
4	Closed Records – Transfers, Deaths, Discharges
5	Policies and Procedures – Available to employees and families?
6	Disaster Plan and Drill
7	Fire Inspection done within the past year.
8	Fire Resistant documentation for window coverings
9	Meal times: Brkfst Lunch Dinner Snacks
10	Menus for past 3 months: Minimum 1 week non-perishable and 2 day perishable on hand
11	Social and Recreational Activities Calendar for past 3 months
12	Incident/accident reports reviewed for corrective action
13	Resident Agreement: signed, dated, and updated upon change of condition
14	Resident Needs Assessment, Service Plan with/without Health Care Plan: signed, dated, and updated upon change of condition
15	Personnel Records on all employees. List of relief staff
16	Documentation showing orientation is provided to all employees appropriate to Job Description. Any volunteers? What orientation did they receive? Job Description?
17	Documentation showing Administrator completing 16 contact hours of annual continuing education
18	Preventive Maintenance Log.
19	Medication Administration Record. (In charts or kept separately/) ANY PRN'S?
20	Name and location of any Category B residents. Any residents close to "B"?
21	Category B resident Health Care Plans & Assessments
22	Any Diabetics? Insulin Dependent? Who draws insulin? Who administers insulin? Who does monitoring?
23	Residents with indwelling catheters? Skin Care Program?
24	Residents with safety devices: Medical Order for? Signed Informed Consent?
25	Any residents receiving 3 rd Party Services? Who and What?
26	Residents who are ambulatory with assistance able to self evacuate timely/safely? (firewalls 2 nd floor?